

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

1 Name of organization TREMMEL FOR IOWA HOUSE		Employer identification number 91 2064096
2 Mailing address (P.O. Box or number, street, and room or suite number) 657 N COURT		
City or town, state, and ZIP code OTUMWA, IA 52501		
3 E-mail address of organization		
4a Name of custodian of records MARK TREMMEL	4b Custodian's address 657 N COURT OTUMWA, IA 52501	
5a Name of contact person MARK TREMMEL	5b Contact person's address 657 N COURT OTUMWA, IA 52501	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number		
City or town, state, and ZIP code		

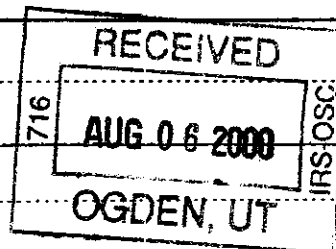
Part II Purpose

7 Describe the purpose of the organization

POLITICAL CAMPAIGN COMMITTEE

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
(none)		



Application for Employer Identification Number(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1	Name of applicant (legal name) (see instructions) TREMMEL FOR IOWA HOUSE	
2	Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name MARK A. TREMMEL
4a	Mailing address (street address) (room, apt., or suite no.) 657 N COURT	5a Business address (if different from address on lines 4a and 4b)
4b	City, state, and ZIP code OTUMWA, IA 52501	5b City, state, and ZIP code
6	County and state where principal business is located WAPECO COUNTY, IOWA	
7	Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► 479-96-3341 MARK TREMMEL	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Plan administrator (SSN) _____
<input type="checkbox"/> REMIC <input type="checkbox"/> National Guard	<input type="checkbox"/> Other corporation (specify) ► _____
<input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ► POLITICAL CAMPAIGN COMMITTEE	<input type="checkbox"/> GEN if applicable _____
<input type="checkbox"/> Other (specify) ► _____	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State _____	Foreign country _____
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ► _____
<input type="checkbox"/> Started new business (specify type) ► _____	<input type="checkbox"/> Changed type of organization (specify new type) ► _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Created a trust (specify type) ► _____
	<input checked="" type="checkbox"/> Other (specify) ► POLITICAL CAMPAIGN

10 Date business started or acquired (month, day, year) (see instructions) 02-23-2000	11 Closing month of accounting year (see instructions) DECEMBER
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	►
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural 0	Agricultural	Household
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14 Principal activity (see instructions) ► POLITICAL CAMPAIGN	
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15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►		

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	
Legal name ►	Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	
Approximate date when filed (mo., day, year) City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(641) 682-9644

Fax telephone number (include area code)

(641) 682-9644

Name and title (Please type or print clearly.) ► **MARK TREMMEL (CANDIDATE)**Signature ► **Mark Tremmel** Date ► **7-31-00****Note:** Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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